DESK

THE SOCIAL AND REHABILITATION
Record

Social Work
Library
HD
7256
.U5
S67
v.2
#3

The University
of Michigan
Social Work
Library
JUN 30 1975

ABUSED AND NEGLECTED CHILDREN—BETTER JOBS FOR WOMEN—STATE NEWS—HOW TO REFINE SOCIAL SERVICES—ADMINISTRATIVE FILE—NEW PUBS AND FILMS

JUL 16 1975

Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 2/Number 3/April 1975

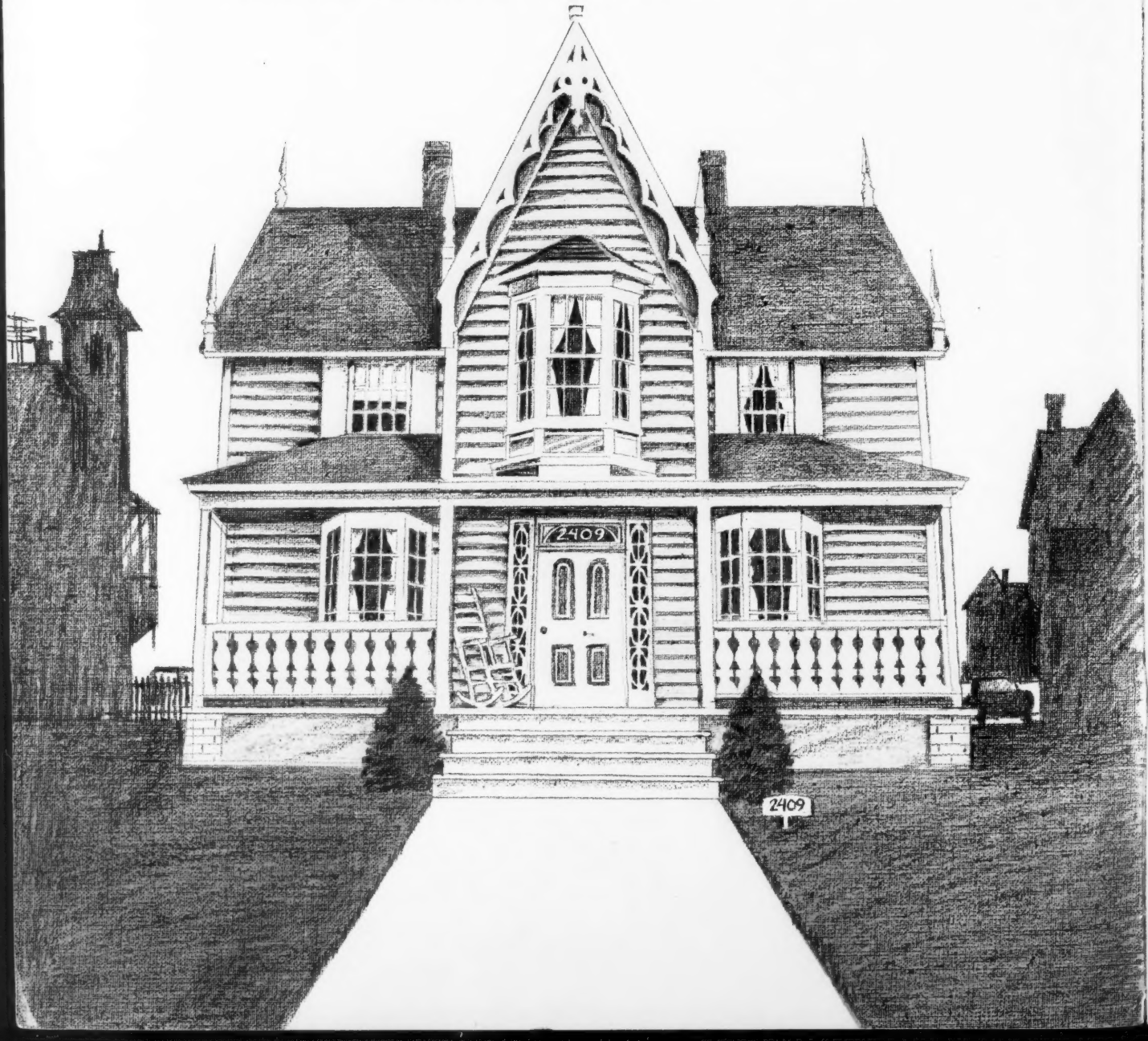
Rose, Jean, Harry, Ann, and Ed share 2409 Edgemount Avenue.

And 346 years.

These people discovered how to get a lot more out of their social security checks . . . and life.

Communal homes. Personal care centers. Senior citizen apartment houses. Day care centers for the elderly. There are alternatives to costly, institutional, long-term care.

Keep the glow in those golden years. For information, write: Commissioner, Medical Services Administration, Washington, D.C. 20201



532-A-B

THE SOCIAL AND REHABILITATION
Record

Volume 2, Number 3

April 1975

ARTICLES

6 Improving Social Welfare Services — **Francis Grady**
How York, Pa., reduced the cost and improved the efficiency of its social services programs

10 Better Jobs for Women — **John A. Svahn**
Getting women into better jobs—Some lessons from the Work Incentive Programs.

13 Child Abuse and Neglect: A Search for Answers — **Geraldine McKinney**
An SRS survey looks for some answers for improving services to abused and neglected children and their families and finds some.

24 A New Way Out for Welfare Recipients — **Larry R. Dickerson, Reed Greenwood, Ph.D., and John E. Muthard, Ph.D.**
Traditional rehabilitation concepts can help to reduce the number of people who require public assistance.

DEPARTMENTS

4 State News

11 Research and Demonstrations

15 SRS Newsletter

32 Publications and Films

34 The Administrative File

UNIVERSITY OF MICHIGAN
LIBRARIES

JUN 16 1975

DEPOSITED BY THE
UNITED STATES OF AMERICA

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Caspar W. Weinberger, Secretary

James S. Dwight, Jr.
Administrator, Social and Rehabilitation Service

Robert A. H. Wilson
Assistant Administrator for Public Affairs

EDITORIAL STAFF

William G. Newkirk, Director, Editorial Services
Robin A. Atkiss, Art Director

Patricia U. Fells, Managing Editor

THE SOCIAL & REHABILITATION RECORD is the official periodical of the Social and Rehabilitation Service, HEW. It is published monthly by the SRS Office of Public Affairs. Use of funds for printing was approved by the Office of Management and Budget on February 25, 1972, amended December 4, 1973.

THE RECORD serves as a means of improving the management of human service programs—assistance payments, individual and family social services, medical services, and vocational rehabilitation. As a management tool, the magazine aids professional personnel in State and local agencies, public and private, to carry out their responsibilities more effectively.

Published material may be reprinted; please credit The SOCIAL & REHABILITATION RECORD. Send information copies to the Editor. The magazine is published 10 times a year (combined issues: December-January and July-August). Annual subscription rates are $6.40 (domestic) and $8 (foreign). Subscriptions are payable to the Superintendent of Documents and should be sent to him in care of the Government Printing Office, P.O. Box 1533, Washington, D.C. 20402.

Manuscripts and article suggestions are welcome. Write to: Editor, The Social & Rehabilitation Record, Rm. 5327-South, SRS/HEW, Washington, D.C. 20201, or call (202) 245-2196.

N.Y. caseworkers to study problem of absent fathers

New York City and N.Y. State agencies have reached agreement on a plan to assign 120 caseworkers to investigate knotty problems related to the question of alleged absent fathers and whether children are living at home and attending school.

Based upon a parent location study which the State agency recently concluded in the city, net savings of more than $37,000 a year can be expected to result from each caseworker assigned to conduct the investigations.

The field study, carried out from late June to late September 1974, showed that salary expenditures of $13.4 million would result in potential savings of $56 million the first year and $54 million the second year.

Caption standards to be developed for deaf TV viewers

The New York University Deafness Center has received a grant from the First National City Bank of New York to help develop a set of standards for captioning television programs.

Among the questions to be answered are what size the individual letters should be, where on the screen the caption should be placed, and how many words each caption should contain. The researchers will also try to determine how long each caption needs to remain on the screen to be read and understood by deaf viewers.

The grant is further demonstration of Citibank's interest in helping deaf persons. Deafness Center staff have been contracted to provide counseling and instructional services to the bank's deaf employees for the past 2 years. About 30 deaf employees completed courses in sign language and remedial English conducted by the Deafness Center last year as part of the bank's student aid plan.

Univ. of Arkansas initiates Institute on Child Abuse

The University of Arkansas Graduate School of Social Work has initiated a five-State regional program that will provide training for persons who deal with problems of child abuse and neglect.

A week-long Institute on Child Abuse in November 1974 involving participant-trainees from Arkansas, Louisiana, New Mexico, Oklahoma, and Texas represented the first phase of the program, which aims to encourage the development of comprehensive child abuse service delivery systems in the five-State region.

The program is being supported by a grant from SRS. The director of the regional program is Chris Mouzakitis of the school's faculty. Institute presentations were designed to help participants understand the dynamics of child abuse and the community system that must be organized to meet child abuse needs, to accept the abusive parent as a person needing help, and to gain training skills that could be applied to conducting similar institutes in their home States.

Medicaid guard plan saves Mass. $8 million

Massachusetts has been able to curb unnecessary or excessive hospital stays by the use of a program called CHAMP. The program is carried out by the Commonwealth Institute of Medicine (created by the State medical society) under contract with the Department of Public Welfare. To date, the cost of the program has been $1.4 million with a reduction of $8 million to the State for a net saving of $6.5 million in hospital stays.

CIM President, Dr. H. Thomas Ballantine, a Massachusetts General Hospital neurosurgeon, emphasized that the savings were achieved without compromising the quality of medical care received by the Medicaid patients.

Under the program, CIM employees monitor about 10,000 Medicaid patients in the State's 126 acute care hospitals. Their bill totals $140 million per year in State welfare funds for Medicaid coverage.

When the CIM program began, the average length of stay for Medicaid patients was 8.6 days. Now, the stay has been shortened to 7.5 days.

Former State Welfare Commissioner Steven Minter, called the program "a classic illustration that good management can result in substantial dollar savings."

Parents Anonymous pushed in New Jersey

According to the director of the Division of Youth and Family Services (New Jersey Department of Institutions and Agencies) about 220 children in New Jersey died in fiscal year 1974 as a result of abuse, neglect, and abandonment. The announcement was made at a press conference called to foster the development of Parents Anonymous groups. The director said that the number of deaths was probably underestimated.

"Many deaths and injuries caused by abuse and neglect go on the records as accidental," he said. "We are finding, however, because of greater awareness on the part of physicians and the public in general that more

and more such cases are coming to our attention."

There was a 119 percent increase in the Division's child abuse and neglect cases between FY 1973 and 1974. During fiscal 1974, it had 7,419 protective services cases, up from 3,375 in 1973.

More support money for Maine families

About $10,000 a month more support money is being paid by absent fathers to Maine's welfare families. The State's Welfare Support Enforcement Unit has collected and dispensed to mothers almost $800,000 in the past fiscal year. Not only that, but supplemental welfare payments demanded of Maine towns have been significantly reduced.

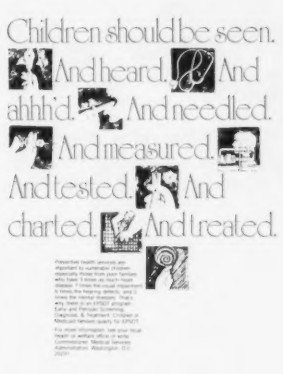
The good news for welfare families comes from a strengthened Domestic Relations Law and alterations made in the enforcement unit.

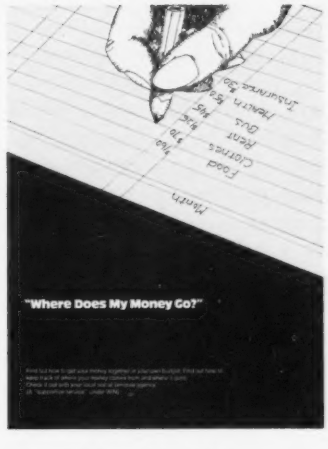
The manager of the 19-man enforcement unit, Colburn Jackson, hopes to collect $1 million this year on behalf of aid recipients or nearly twice the amount collected in fiscal years 1971 and 1972. Jackson thinks total collected money might rise as much as $3 to $4 million if there were expansion in the investigative end of the department.

The amended law works quite simply, allowing judges to place support-negligent spouses on probation to the State's Health and Welfare Department.

Jackson is enthusiastic about new legislation in Washington State that makes absent parents liable for all welfare money paid to their dependents. Failure to make settlement there can mean a lien on property or attached wages. "I would like to see such a law in Maine," Jackson said.

FREE WAYS TO WIN PEOPLE AND INFLUENCE FRIENDS





Posters to reach employees or the general public are available to your agency through THE SOCIAL AND REHABILITATION RECORD. They appear as editorial displays in the magazine each month. Free reprints such as the ones shown here can be ordered by State and local agencies in quantities of up to 50 copies each.

One Community's Experience

Improving Social Welfare Services

FRANCIS GRADY

Tight money and changing social conditions have given many communities reason to look closer at their social welfare programs and services. Recent economic trends have certainly been reflected in the public's attitude toward giving. Outbursts of violence have had an effect, in terms of fund-raising for social welfare purposes and, among some factions, have created a "welfare backlash."

Additional factors, including the need for improved coordination of effort among social agencies and skyrocketing costs, provide further reasons for a hard look at local social service programs.

Such a look was taken, beginning in the late 1960's, in the city of York, Pennsylvania. Located in the east central part of the State, 25 miles below Harrisburg, the area typifies middle America, with a population of over 260,000.

York's United Way Board of Directors took a rather unusual approach to the not-so-unusual goal of reviewing programs in the county's social welfare structure.

Cost-cutting, belt-tightening studies have become virtually a way of life for many socially-oriented organizations. What sets this study apart is the board's professional attitude to seriously and objectively look into the county's social service system in a realistic amount of time—measured in years, not months—and to determine solutions, not just problems.

Just as big business calls in management consultants, so York called in an independent consulting organization. Such organizations look over the situation with unprejudiced minds, and their lack of awareness of local "sacred cows" often provides a fresh and needed insight. They have an organized method of study, borne from experience, which is invaluable in determining priorities and in bringing to light the most important areas requiring change.

Since the consultants are not associated with the community, they need to be balanced by community leaders who know local conditions and can blend community attitudes with expert opinion.

In order to establish the proper communications for such a broad-based study, the board sponsored a meeting of voluntary board members and professional employees of all area voluntary and public health, welfare, and service agencies. All aspects of the study were aired, resulting in understanding its purpose, agreement to its need, and commitments to cooperation.

A Citizens Study Committee of 36 persons was formed, most of whom had prior experience with voluntary and public agencies. Members without direct agency interest were appointed, however, to assure communitywide representation. Many were prominent business leaders who were both objective and openminded and whose primary interest was to improve the area's social welfare and recreational services.

Above all, the goal was to balance programs with actual needs and requirements of a growing, changing community. Better dollar utilization was important but not at the expense of additional programs should they be deemed necessary.

The basic committee served as leader for other subcommittees that were formed as the study gained force and direction. Committee members devoted large amounts of time to the project, a dedication which largely accounted for ultimate success.

Basic objectives were formulated as follows: To determine unmet needs; to eliminate duplication; to increase interagency cooperation; to provide more effective management standards; to develop administrative and procedural changes in the social welfare system consistent with the up-to-date needs of people; to examine the potential for financing services and the proper relationship of fees, taxes, and contributions in such financing; to outline priorities of need for the guidance of public and voluntary planning, financing, and allocating committees and government departments; and to establish guidelines for the next 10 to 15 years toward the orderly development of a comprehensive social service program that would effectively meet community needs within the limits of available resources.

Simultaneously, the professional services of the Institute of Community Studies, an arm of the United Way of America, was obtained. United Way of America is the national office of United Funds and community planning councils throughout the Nation and is one of a number of consultant organizations that specialize in community studies.

The institute[1] is a nonprofit organization devoted to this kind of research and guidance. Their team came for 2 weeks of intensive study into all phases of social welfare programs, from needs to budgets, from personnel to functions.

Although the organization is nonprofit, an operating fee was required. The local committee obtained funds to finance the project. There would always be a temptation to seek a single foundation grant or private gift to cover such a study; however, the committee felt that it should be a community effort. So, it obtained financial support from the city and county, the State Department of Public Welfare, several foundations, and from interested local citizens. This made the project a community study rather than a single interest sponsored activity.

This distinction became important as the study progressed. Nowhere was it felt that a limited or select group was attempting to force its opinions on the public. Instead, the spearheading Citizens Committee convinced agencies, governmental bodies, other institutions, and the local citizenry to accept the recommendations of the study group because it had, in fact, established a solid community mandate.

During this initial period, leadership was provided by the consultants, tempered by the understanding and awareness of the Citizens Study Committee. Agency boards of directors, advisory committees, and executives or voluntary and governmental agencies were asked to cooperate in completing self-study questionnaires, which served as a foundation for evaluating agency services, costs, and program projections.

The Citizens Committee met frequently with the consultants to review the findings and refine proposals.

The final step in this phase was the preparation of written recommendations for committee consideration. Instant agreement did not occur.

As mentioned earlier, the citizens group tempers and evaluates. When agreement is finally reached, the recommendations represent the best thinking of both consultants and citizens. The proposals become viable and something which the Citizens Committee and the community can endorse without reservation.

Thus, in 1970-71, after 2 years of study, the committee completed its task. All public and voluntary health, welfare, and recreational services had been evaluated. Seventy-eight key recommendations for social change resulted and were published.

Recommendations must be converted into action. For this purpose the Study Implementation Committee was formed. The appointment of vigorous new leadership signaled the start of this second phase, although members of the preceding committee were elected to remain on board.

Subcommittees were formed along the same organizational lines as the original. They concentrated on group work and recreational services, family and child care services, general health care, and mental health and mental retardation services.

Although the approved recommendations served as a master plan, the new committee developed the following series of steps in their plan of action:

- Each of the recommendations within the cognizance of the individual subcommittee was rated for importance, and a priority list for action was developed.
- An outline was prepared detailing how each recommendation could be implemented—what agencies must be

involved, what problems might be encountered, who must take or approve action, and what techniques or approaches might be used.

- Recommendations were divided into manageable portions and assigned to small subgroups or to individual committee members.
- Frequent meetings were held to report progress, much like fundraising report meetings, so that progress could be reviewed.
- Where news dissemination to the public could be helpful in gaining implementation of specific recommendations, such coverage was invited and encouraged—even when it resulted in controversy from opposing forces in the community.

The impact of each recommendation was considered in terms of the probable cost and the availability of funds.

Careful thought was given to the important question of whether any particular recommendation required formation of a new agency. Where it was possible, a priority was given to the revision or expansion of an existing service rather than establishing a new agency program. The Study Implementation Committee also gave serious consideration to the problem of whether the general community would support any given new program. The committee's decisions were, therefore, based upon needs and such proposals were "sold" on this basis.

Implementation efforts also carry a price tag. The publication of reports, holding mass meetings, communication services with news media, and daily items like stationery and supplies, postage, office and clerical assistance all add up to substantial amounts. Without funds specifically earmarked to support the implementation effort, it is impractical to launch such a program. Like any business, it must establish and adhere to a budget.

In York's case, the financial phase of the implementation effort was adopted as a project by the local Junior League which supported a financial grant with invaluable volunteer assistance during the entire 3-year period.

At the end of the first year, a progress report summarized both the recommendations of the Citizens Committee and the status of implementation. Local news media gave this report excellent coverage.

The yearend report was periodically updated. A report review was given at annual meetings of the United Community Services and at virtually every major meeting throughout the year. All of this kept the spotlight on the program. The same procedure was followed in the subsequent year.

By 1972-73, 5 years after the initial concept, the Implementation Committee's effort was essentially completed. Responsibility for those phases requiring continued work was assigned to six community leaders, all of whom were members of the basic Citizens Committee.

By the end of this third year of implementation, only 10 recommendations remained on the priority list. Effective action had been taken on 68. A final report was issued by the remaining members of the Study Implementation Committee, and the committee was dissolved, passing all remaining projects to appropriate agencies for continued action.

Part of the transferring of responsibility for the implementation of recommendations that had not been completed included asking the Board of Directors of United Way to pursue some of the study recommendations, while other tasks were assigned to the Planning Advisory Committee of United Way.

After 5 years and literally hundreds of manhours on the part of business executives (whose time alone represents thousands of dollars), what has been accomplished? Was the community able to improve its social welfare services?

Complete achievements would not be of great interest to anyone beyond the York area, but selective accomplishments may be of interest:

- Construction of a $420,000 five-agency, multiservice building.
- Formation of a Community Capital Funds Review Committee which has virtually eliminated duplication in capital campaign funds.
- Creation by the County Commissioners of a new and successful County Park and Recreation Board.
- Health services are to be coordinated through a newly formed Health Planning Council, both for the purpose of eliminating duplication and improving services.
- Family Service agencies, YMCA, YWCA, and other related services placed increased emphasis on inner-city services, especially concentrating on low-income families, through a

planned program of attack on major social problems.

■ Creation of a new two-county Mental Health/Mental Retardation Board. It not only consolidated and improved services but also is now able to receive federal funds not previously available to the community.

■ Complete renovation of an inner-city gymnasium through a separate, successful fundraising effort. Construction plans were enhanced by study recommendations for a new neighborhood center in a ghetto area. This project was funded by HUD after a thorough review of the study's research on the community's need for this new building.

■ General improvements in communications between social welfare agencies, consolidation of workloads, and, in some cases, budgetary realignments.

Our experience reveals that the primary ingredient for success lies with the implementation phase, as it is always easier to plan than to execute. Dedication and determination of top community leaders assure that the basic study and recommendations will not gather dust on a shelf. When community businessmen and other leaders become inspired and involved, success requires only time and hard work.

A community engaging in a study of this type may find that it creates a lasting interest on the part of many formerly disinterested citizens who become committed and eager supporters of social service agencies through their personal involvement in the study process. When a plan for a community study is established, it is usually approved by many segments of the community, particularly by the businessman who recognizes the need to evaluate present social welfare methods with an eye toward improving the existing structure and creating efficiency in the system.

Unlike many business firms, social welfare agencies frequently lack long-range planning for future growth and development. Consequently, many communities have evolved a sort of patchwork quilt development of social welfare agencies. Approximately 30,000 public and voluntary health and welfare agencies now operate in the U.S.

In many communities, millions of dollars are expended through a social welfare system of voluntary and public agencies with no total community attempt ever having been made to analyze where the money is going, who it is serving, and whether or not improvements could be made in the existing system. Perhaps this lack of self-study, self-analysis, and agency program review has been responsible for criticism of social welfare agencies as proliferated, inefficient, and costly organizations.

The formula of involving top community leadership, blended with sound professional advice, can effect lasting community change. The groundwork for a communitywide study must be well prepared; the study itself done thoroughly; and, finally, the implementation methods must be exacting and vigorously applied.

The recognition that a comprehensive study can be attained was documented in a local newspaper during 1972. Reporting on dramatic developments in the public park system, the story credited the Citizens Study Committee for recognizing the encroaching megalopolis, the trend toward greater industrial growth, and for seeing the unprecedented need to expand the public park system. "Three years ago," the paper stated, "the idea of a county park and recreation board was wisely conceived and is now growing through varying phases into becoming one of the most foresighted developments of our century."

Even if this were an isolated incident—which it is not—it would serve as evidence that the study will continue to be a vital force in the community.

Followup work is currently being carried out. Such a program never really comes to an end. The needs of people continue to make even greater demands of social welfare agencies. A communitywide study is perhaps the surest way to find methods to meet these needs as efficiently and effectively as possible.

Mr. Grady was the Executive Director of the United Community Services of York County from 1962 to 1972. In March 1972, he became Executive Director of the Tri-County United Fund in Harrisburg, Pa. He is also President, North East Conference, United Way of America.

Note

1) The title and format of this unit of United Way of America was recently revised and is now known as "The Management and Community Studies Institute."

Better Jobs for Women

JOHN A. SVAHN

Women who someday make their way to nontraditional jobs might find that welfare mothers were among the pioneers who helped make it possible.

Shaping up as an ally to women who want to go beyond scrubbing iron skillets for a living is the Work Incentive (WIN) program, which helps find jobs for people who receive Aid to Families with Dependent Children.

The program continues to seek jobs on a large scale (189,000 placements during fiscal year 1974), but future work will bear down on increasing the quality of employment for women.

Getting the women into better jobs is the object of a training course involving certain HEW and Labor Department employees in regional offices and their counterparts in State employment offices and welfare agencies. The trainees are persons already engaged in the WIN program or other activities connected with employment.

The 5-day, better job training course was tried out in Milwaukee last November. The pilot project resulted in slight modifications, and in January a series of courses got underway throughout the country in the 10 regions. The object is to train trainers who, in turn, will train local staffs.

The facts, if not history, seem to be on the side of women. Suzanne Parrish, Manpower Specialist at the Labor Department, says that in the seven areas of the General Aptitude Test Battery, men and women score the same on numerical reasoning and manual dexterity. Men score highest in spatial reasoning. Women score highest in four areas: form perception, clerical perception, motor coordination, and finger dexterity.

The average education is 12.2 years for working men and 12.5 for women.

What about motivation? Don't most men work to support a family while women work for "pin money"?

No, says Ms. Parrish. Some women receive salaries which resemble pin money, but they work to buy necessities. Their motivation is as good as men's and so is their attendance record and their production.

What isn't comparable is their job security and pay. Through WIN, the average starting wage for women was $2.02 an hour while for men it was $2.68 an hour—a difference of about $1,400 a year. Many jobs welfare mothers now obtain through WIN pay so little that they continue to qualify for supplementary welfare checks.

The persons taking the training course know these things, if only in a general sense, but the course puts the material into context with real-life situations in the WIN program, labor market data, and all the "mind-sets" they will come up against in the slow job of persuasion.

In a week's time, the course does not teach such things as interviewing and counseling. But it builds on the knowledge the trainees already have and examines how WIN activities might be conducted differently in order to place women—who are heads of families—into something besides low-paying deadend jobs.

On the opening day, the trainees examine themselves and their jobs in relation to women's roles in society, particularly in the labor market. On the second day, they acquire some information on translating women's skills into those used in nontraditional jobs. The third day gives them information on equal employment opportunity and skills related to working with clients and their fears about nontraditional jobs. The fourth day gives them skills in working with employers. The fifth day gives the trainees a chance to apply what they learned and begin the specific transition to the job.

On-the-job training is financed by WIN, which helps employers save on the costs of training new employees. With the economic incentive and the information now at hand of what women can do, more barriers should fall in factories and office buildings.

Mr. Svahn is Deputy Administrator, SRS, and Commissioner, Assistance Payments Administration (APA).

Research and Demonstrations

Reports listed in the following section may be obtained from the grantee or contractor:

PUBLIC SOCIAL SERVICE PROJECT (11-P-57114/1). Vermont Dept. of Social Services, Agency of Human Services Planning Division, State House, Montpelier, Vt. 05602. This project was designed to test and install a sound social service delivery system to prepare the agency for social services supportive to the Family Assistance Plan legislation.

NATIONAL SERVICE REFORM—Social Service Management System—Detailed Design for Client Reporting System and Child Abuse and Neglected Registration and Inquiry System (11-P-57280/6). Texas Dept. of Public Welfare. Report prepared and published by Booz, Allen Public Administration for the Texas Dept. of Public Welfare, Austin, Tex. 78701.

AN ANALYSIS OF THE UTILIZATION AND COST DATA ON THE D.C. DHR/GHA MAINTENANCE ORGANIZATION PROJECT (SRS-74-14). Prepared by Westat Research Inc., 11600 Nebel St., Rockville, Md. 20852.

COORDINATED RESEARCH PROGRAM IN FOSTER CARE (89-P-80048/2). Child Welfare League of America, Inc., 67 Irving Place, New York, N.Y. 10003. Two reports are available: "Service to Children in Their Homes," and "Children Adrift in Foster Care—A Study of Alternative Approaches." $1.50 per copy.

CHILD WELFARE RESEARCH PROGRAM: LONGITUDINAL STUDY OF FOSTER CARE (89-P-80052). Report title: "Dollars and Sense in the Foster Care of Children." $1.95. Child Welfare League of America, Inc., 67 Irving Place, New York, N.Y. 10003.

NATIONAL SERVICE REFORM PROJECT (11-P-57267/4). Mississippi State Dept. of Public Welfare, P.O. Box 4321 Fondren Station, Jackson, Miss. 39216. The project was to develop mechanisms for a more effective application of the State's social service resources. The project produced the Mississippi Social Service Information System.

COMPREHENSIVE SERVICE DELIVERY SYSTEM (11-P-57093 & 12-P-55247). Florida Dept. of Health and Rehabilitative Services, 1323 Winewood Blvd., Tallahassee, Fla. 32301.

FAMILY WELFARE RESEARCH PROGRAM (89-P-80052/2). Columbia Univ. School of Social Work, 622 W. 113 St., New York, N.Y. 10025. The program explores the feelings of natural mothers of children placed in foster care in order to provide more effective services.

THE APATHY—FUTILITY SYNDROME IN CHILD NEGLECT (89-P-80055/4). School of Social Work, University of Georgia. Two reports are available: "Child Neglect: Understanding the Parent," Child Welfare League of America, Inc., 67 Irving Place, New York, N.Y. 10003. $3.50 per copy; and "Roots of Futility," Jossey-Bass, Inc., 61 Montgomery St., San Francisco, Calif., 94111.

JAPANESE AMERICAN SIGHTLESS INSTITUTE PROJECT (08-P-55949/0). Japanese Community Pioneer Center, 125 Weller St., Suite 100, Los Angeles, Calif. 90012. The objectives of the project were to bridge the barriers between both the sightless and the ethnic community and the ethnic community and public services and resources. Also to develop methods and techniques in education of communication skills and development of confidence and socialization, using an ethnic self-help model.

SUGGESTED PUBLICATIONS FOR DEVELOPING AN AGENCY LIBRARY ON WORK EVALUATION AND WORK ADJUSTMENT—THIRD EDITION, OCTOBER 1974 (12-P-55307/5). Material Development Center, Dept. of Rehabilitation and Manpower Services, School of Education, University of Wisconsin—Stout, Menomoni, Wis. 54751.

THE STRUCTURED USE OF VOCATIONAL BEHAVIOR MEDIA IN VOCATIONAL EVALUATION PROGRAMMING (16-P-56821/5). Research and Training Center, Dept. of Rehabilitation and Manpower Services, University of Wisconsin—Stout, Menomonie, Wis. 54751.

A KEYED INFORMATION INDEX TO THE DICTIONARY OF OCCUPATIONAL TITLES, 3RD ED., 1965, VOLS. I, II, AND SUPPLEMENT 1, 1966 and SUPPLEMENT 2, 1968 (16-P-56821/5-03). Research and Training Center, Dept of Rehabilitation and Manpower Services, University of Wisconsin—Stout, Menomonie, Wis. 54751.

Child Abuse and Neglect: A Search for Answers

GERALDINE MCKINNEY

When a slightly-built child is subjected to a beating from a 170-pound man which results in hospitalization or a 5-year-old child is left alone for long periods by his drug-addicted mother their situations are not improved by someone in a distant office studying the statistics of child abuse.

Yet the interest and activities of the Central Office and Regional Office staff of the Community Services Administration of SRS could have an important effect on thousands of other children as well as the adults who are driven to the extremities of hopelessness and irrational action.

Books on child care have headed the government's best-seller list for years, but it has only been recently that the social phenomena of child abuse have come in for much study. Hand in hand with abuse has been the less noticeable, but often as damaging and more widespread area of child neglect.

Underscoring the newness of these studies is the fact that identifying the problem and determining the services needed are still underway. A recent survey[1] was made by the Social and Rehabilitation Service to determine the services which are being delivered and the problems encountered in order to assist States in improving their services to abused and neglected children and their families. The survey was conducted on an interview basis by regional office personnel and was addressed to 10 States and 30 local departments of social services.[2]

Questions about helping abused and neglected children and their families were in six areas: major problems in delivering services, program description, program administration, legal aspects of the problem, community support, and the department's view of what the federal role should be.

Apart from operational problems, the social services workers commented on what they viewed as underlying factors contributing to abuse and neglect of children. While no social level is exempt from all types of family problems, the situation is at its worst among the poor, and weaknesses in the economic and social system have an undeniable effect on the child and family. Poverty and the accompanying effects of unemployment, lack of educational opportunities, and lack of social outlets were cited as conditions which affected the incidence of child abuse and neglect.

In the delivery of services, a common thread is the overdependence on foster care, crisis intervention after incidents were reported instead of early intervention when warning signals indicated problems, and inadequate or unavailable service resources, including day care, homemaker, health, legal, counseling, and family planning services.

It is pointed out that protective services for nonwelfare families were limited and usually directed toward investigating complaints and referral to private agencies which were not empowered to provide protective services.

As with other social service problems a "multidisciplinary service delivery system" for families not eligible for social services under the public assistance program was expressed. Some coordinative mechanisms exist, but the unwillingness of agencies to work together was described as a barrier by 20 local agencies. State-level mechanisms, such as advisory groups, are undeveloped where they do exist. This lack of coordination becomes more critical at the local level.

Identified as major problems were lack of manpower, training, and money (8 States and 24 localities); service delivery (8 States and 29 localities); and lack of professional and citizen awareness (5 States and 15 localities).

The agencies did not list poor administration as a problem, yet analysis of program descriptions pointed to problems in administration as a key barrier to effective coordination and delivery of services. For example, only one State and four localities indicated that any systematic attempt had been made at measuring the effectiveness of services. For the most part, goal-setting is unrealistic, evaluation is almost nonexistent, and planning is short term.

State law and legal requirements and processes are viewed by the States

Because of the increasing interest in the material contained in the Social and Rehabilitation Service Newsletter, we have decided to include it as a part of the Social and Rehabilitation Record each month. Although it will be printed as an integral part of the magazine, it will always be in the center section and can be easily removed for separate filing or circulation if desired. We hope you will find the added information about SRS program activities of value.

as both a benefit and handicap in serving abused and neglected children. While all States have child abuse reporting laws, eight States reported problems in limitations and lack of clarity in the laws. Eight States said there are problems with the courts and law enforcement agencies which make their roles unclear. All States said there is need for changing the law to improve the identification, reporting, and protection of children.

The States and cities feel that the federal role in child welfare services extends beyond the obvious desire for more money. They said the Federal Government should give national leadership in program development by setting standards and guidelines and that it should provide training materials, technical assistance, national data collection, and public information.

The local agencies divided their goals into two categories: program development and public information.

Strengthening family functions was seen as a major goal by 27 agencies. Sixteen agencies aimed to provide immediate information and referral, consultation, followup, and medical treatment. Better trained staff was seen as a goal by six agencies. Seventeen agencies saw quick-service provision—getting at the problem early, before the situation deteriorates—as a major goal.

Broad public information activity at the federal level was desired by a third of the local agencies to educate the general public and the professionals on the cause and treatment of child abuse and neglect.

On strategies to use in program development, 17 agencies wanted training and workshops, including assistance in individual case planning. Sixteen agencies thought that in addition to casework, the use of teams and volunteers would be helpful. Some agencies suggested increasing supportive services and resources, such as homemaker services, day care, and 24-hour emergency services.

In the area of public information, 24 agencies plan to increase community awareness and involvement through use of the mass media and talks before professional and business groups.

Representatives of 10 agencies said there is no useful reporting system and that they did not get enough accurate information on which to base investigations. Many agencies said that doctors and teachers are reluctant to report suspected cases of abuse and neglect. Another complaint was that there was little feedback on data collected by States to help local agencies in developing their programs.

Fifteen agencies saw a need for good statewide reporting systems. About a third of the agencies wanted to see such things as common definitions and standardized forms.

Also under the heading of needed improvements, about a third of the agencies saw a need for more and better trained staff for research, evaluation, and compilation of statistics, as well as better relationships with other agencies.

The barriers to effective help to abused and neglected children and their families uncovered in this survey are basic. If an agency is to do anything about child abuse and neglect, it must first be notified of the incidents (reporting system), have legal authority to do something about it, and have people who know what to do. And these were the problem areas, generally, which showed up in the interviews about the protective services of State and local agencies: inadequate reporting requirements, inadequate legal requirements and processes, and not enough trained people.

This survey and the report of its findings are one of a series of activities being conducted by SRS in its continuing efforts to assist States in improving services to abused and neglected children.

Ms. McKinney is Community Services Advisor, Community Services Administration, SRS.

Notes

1) The survey report is available from the CSA Central Office, Division of Child and Family Services, Community Services Administration, Room 2230, 330 C Street S.W., Washington, D.C. 20201.

2) The States and cities making up the survey are the following: Colorado (Colorado Springs, Del Norte, Grand Junction), Florida (Jacksonville, West Palm Beach, Fort Myers), Idaho (Boise, Coeur d'Alene, Mountain Home), Michigan (Flint, Harrison, Jackson), Minnesota (St. Paul, St. Cloud, Foley), New Hampshire (Concord, Manchester, Berlin), North Carolina (Hillsboro, Greensboro, Wilson), North Dakota (Rollo, Langdon, Fargo), Rhode Island (Providence, Woonsocket, Newport), and Washington (Seattle, Tacoma, Spokane).

SRS NEWSLETTER
for the staff of the
Social and Rehabilitation Service

Volume 8 – No. 7 • April 15, 1975

Title XX Regulations Published; CSA Staff Praised

It took a lot of hard work and some long hours to get the new social services regulations ready for publication, but CSA and support staff in the Office of the Administrator and Office of the Secretary were equal to the task.

CSA Commissioner John C. Young told the *Newsletter* that "we broke all records in production of work" in putting the regulations, which implement the new Title XX, into shape.

"I want to compliment the CSA staff and those who supported us on the very hard and effective work they put into this effort," said Commissioner Young.

The proposed regulations were signed by the Secretary and published in the Federal Register on April 14. The regulations and Title XX give States and their citizens new opportunities to determine what social services will be available within each State.

SRS Administrator James S. Dwight said that SRS was "working hard on a cooperative basis with the States to get started on a sound basis."

"Title XX marks a new chapter in the development of effective social services by placing greater reliance on the States," said Mr. Dwight.

(Continued on page 8)

"Stop Him...!"

Until about 2:15 p.m. it was a routine Thursday along the fifth floor corridor of the Office of Program Analysis and Evaluation.

Mary Lynn Fletcher, OPAE Program Analyst, surprised a man going through her purse. He fled with Ms. Fletcher's wallet and her check book. She screamed.

Dr. David B. Smith, OPAE Acting Assistant Administrator, and Kynoch Kendall, OPAE Program Analyst, heard the scream.

"That did it for me," explained Dr. Smith.

"Stop him!" shouted Ms. Fletcher. "He's got my wallet!"

The suspect, a tall, thin youth, vanished through the south stairway exit. Mr. Kendall appeared in the hallway, ran north, then headed for the west stairway exit, hoping to intercept the suspect on the sidewalk.

Meanwhile, Dr. Smith chased the much taller suspect up and down several stairwells and down

(Continued on page 6)

Dr. David B. Smith, Mary Lynn Fletcher and Kynoch Kendall

From the Administrator's Notebook

Remarks by Administrator Dwight before the Region II Media Seminar, New York City:

Medicaid is now the Nation's largest medical services program. In fiscal year 1975, Medicaid will serve 25 million persons at a Federal, State and local cost of $12 billion.

Proposed Medicaid eligibility regulations have been published in the Federal Register. These regulations will require the States to keep Medicaid rolls under review to assure that services go only to those eligible.

There is a large and growing ineligibility problem. Perhaps 20 percent of those recipients who do not receive welfare payments are not eligible, at an annual cost of $600 million in Federal/States funds.

New York, along with California, Illinois and Maryland, has already field-tested proposed Medicaid eligibility systems in cooperation with the Department. Other States will have to implement this Medicaid eligibility program this year. July 1 to September 30 is the initial error-sampling period, drawing upon seven of the 25 million persons in the Medicaid program.

There is simply no justification for paying out public funds to people or for purposes not authorized. This is not only a violation of the public trust, but it diverts scarce funds away from those most in need.

Problems of fraud and abuse by a few Medicaid providers also are of great concern. All of you have seen recent headlines about alleged fraud, ranging from problems with nursing homes in New York to difficulties in prepaid health plans in California.

Senate sub-committees, the General Accounting Office and our own Department Audit Agency are looking into these charges. If fraud is found, the Federal Government, the States, or both may initiate prosecution.

Some of the more serious irregularities revolve around high-volume medical and drug providers, nursing home charges, excessive charges by physicians, charges for services not performed, and kickbacks. We are increasing our activities in Washington and in the Regional Offices to examine possible abuse and fraud.

We believe that the development of a systematic attack on abuse and fraud will deter this illegal activity and improve program quality. In some ways it is like the IRS audit returns. Each trained auditor returns eight times his salary in savings and eliminating illegalities.

We think our efforts here will be as fruitful.

Recent Appointments

Emerick L. Zane, OM, Accountant Maintenance Clerk; Linda L. McAllister, OM, Clerk-Typist; Lawrence M. Meade, MSA, Management Intern; Dennis P. Ruane, OM, Personnel Assistant; Joan M. Williams, OIS, Secretary (Stenography); Steve Bravy, OPRE, Operations Research Analyst; Janice A. Shupe, OM, Clerk-Typist; Elsie M. Tytla, MSA, Medical Officer (General); Patricia A. Alexander, MSA, Secretary; Carl F. Allen, Jr., MSAP, Program Analysis Officer; Constance D. Harris, MSA, Secretary; Georgia E. Lewis, MSA, Clerk-Typist; Susan J. Peterson, OA, Confidential Secretary; Sonja H. Vaughan, MSA, Health Care Program Specialist; and Roger L. Hunter, OM, Position Classification Specialist.

SRS NEWSLETTER

ISSUED BY
OFFICE OF PUBLIC AFFAIRS
Social and Rehabilitation Service
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C.

ERNEST L. MATTHEWS, *Editor*

Room 5332 MES Bldg:(202)245-2457

Regional Roundup

Region X:

Bob Jones of the Seattle Office reports that a co-owner of a Seattle ambulance company has pleaded guilty to submitting false billings to the State Medicaid agency.

Charges involved claiming higher rates than allowed and reimbursement for welfare recipients not served.

The period of the initial audit only covered six months, and a complete audit back possibly to 1972 is planned. The Medicaid program has suspended the ambulance company as a provider for an indefinite period.

☆ ☆ ☆

Oregon's innovative reporting system for AFDC recipients with earned income has passed the Quality Control test with flying colors during the last six months.

No payment errors were reported on earned income for some 5,000 recipients involved in the system.

The Regional Office is taking steps to have this State's procedure published in the "State Management Practices" publication series, which features illustrative management methods used by various States to reduce errors in AFDC.

Under Oregon's plan, as reported recently by Keith Putman to a Federal/State/Regional conference in Seattle, AFDC recipients with earnings are placed in a special payroll system where no monthly warrant is issued until earnings of the previous month are reported and correctly budgeted.

☆ ☆ ☆

A joint meeting of SRS Regional staff and key health, assistance payments, and social service agency representatives from Region X States (Alaska, Idaho, Oregon and Washington) was devoted to Title XX issues. Other sessions covered major SRS initiatives in the areas of EPSDT, Medicaid Fraud, Medical Review, Title IV-D, Budget and Forecasting of Expenditures, Family Planning, Quality Control and various compliance activities.

In addition, Regional Commissioner McGavick described the pending Region X reorganization.

Region VII:

Donald Youso of the Bureau of Indian Affairs spent the month of March with Central Office APA to assist with policy and program issues of concern to Indian people.

Mr. Youso, who is participating in an Interior Department management development program, has worked with the Arizona Department of Public Welfare and, more recently, the Indian Area Agency at Winnebago, Nebraska, where he is a social services representative.

Region III:

Richard Gilbert reports that Assistance Payments, at the request of the Social Security Administration, is participating in scheduled meetings with key State welfare personnel in each State in this Region.

Under discussion are procedures for referring AFDC disabled or blind children potentially eligible for Title XVI (SSI) to the Social Security Administration. Also attending these meetings are representatives from other public and private agencies which administer programs related to disabled or blind children. Thus far, visits have been made to Pennsylvania and Maryland, with the other States scheduled for the near future.

Region V:

Dorthea Harrington, Associate Regional Commissioner, recently was interviewed by a Chicago newspaper on details of Title IV-D of the Social Security Act. Covered were provisions and the administration of the child support program, including how this law would assist women who were not recipients of AFDC in obtaining child support from absent fathers.

SRS Personnel Divis

"It has been almost a year," explained Division of Personnel Director Michael Conboy, "since the Department conducted an in-depth review of the personnel management system within SRS. The results? Significant changes." Recently reorganized, the Division has some new faces with new jobs and new objectives.

"The immediate goal," said Mr. Conboy, "is to get the *person* back into personnel."

The Division will be busy for the next 18 months. Reorganizations have caused a backlog of personnel actions; increased hiring is anticipated as a result of Title IV-D; and a 100 percent classification review of all positions in the Central Office is going on.

"The past year has been very rough for the Division," pointed out Mr. Conboy. "We have been delinquent in classifying positions, slow in posting vacancies under the merit promotion plan, and we have not been as empathetic as we should have been.

"Employees," he added, "seemed frustrated, impatient and suspicious of the personnel system—and rightfully so. But let us take a look at where we have been, what we are doing and where we are going."

In addition to the Director of Personnel and his administrative assistant Blonnie Robinson, the 32-person Division is formed by six Branches. They are Staffing/Employee Management Relations; Career Development; Classification/ Position Management; Labor/Management Relations; State Manpower Development; and Evaluation.

Starting with this issue the SRS Newsletter will feature a monthly column on SRS personnel matters. *See page 6.*

Probably the most familiar of all the Branches is the Staffing/Employee Management Relations Branch, headed by Dwight Mote.

"In the future," Mr. Mote reported, "our staff will be visiting all units in the Central Office to review and evaluate personnel management techniques."

In addition to filling positions, the Branch's responsibilities include counseling on unsatisfactory ratings, potential adverse actions, appeals, grievances, credit complaints, retirements, changes in grade, reductions in rank, and morale.

Mr. Mote is supported by Helen Szpakowski, Staff Assistant; Harriet Dean, Personnel Assistant; Daisy Frey, Personnel Management Specialist; Eleanor Miller, Personnel Assistant; Kathy Brown, Staffing Assistant; Jackie Jones, Staffing Assistant; Thelma Foster, Personnel Management Specialist; Mary Jo Davis, Personnel Management Specialist; Adele Camana, Personnel Staffing Specialist; Lucius Ross, Personnel Clerk; Gwendolyn Holland, Clerk-typist; and Jacqueline Saunders, Summer Intern.

Margot Clark heads up the Career Development Branch.

"Our primary concerns," she said, "are Upward Mobility, career development and training that cut across functional lines.

"Other efforts for the rest of 1975," added Mrs. Clark, "will be directed toward supervisory training and new employee orientation."

Career Development staff includes Carrie James, Employee Relations Specialist; Marie Smith, Employee Development Clerk; Marion Burroughs, Clerk-typist; Don Banks, Personnel Intern; and Carolyn Parker, Summer Intern.

ision Has New Look

"This is a new unit which was created out of need," said Leo F. Powell, Supervisory Position Classification Specialist and Chief of the new Classification/ Position Management Branch.

"Our past batting record on getting jobs classified in a reasonable period of time," he explained, "was not very good. We are doing much better now. In the months ahead many position management reviews will be conducted."

It is in this Branch where job title, series and grade are assigned to a list of duties submitted by a supervisor. Position management means "getting the right balance of many things into the organization and positions."

Formerly Chief of Upward Mobility, Mr. Powell is supported by staff members Roger Hunter, Position Classification Specialist; Brenda (Jackie) Clinton, Personnel Management Specialist; Joanna Willis, Classification Assistant; and Donna Boston, Summer Intern.

The Labor/management Relations Branch is the Division's most difficult function.

Ed Kess, Labor Relations Specialist and Chief of the Branch, is supported by staff members Tom Adams, Personnel Management Specialist; Terry Requa, Labor Relations Assistant; and Darlene Best, Summer Intern.

This tight, active unit advises and assists management in all matters related to the operations of an effective labor-management relations program.

"We have been busy, we're still busy and we expect to continue the pace," said Mr. Kess.

Jim Gigante is Chief of the State Manpower Development Branch which, in coordination with SRS Program Bureaus, develops Federal policies, legislative proposals, regulations and guidelines for effective staff development in SRS-related State and local agencies.

"In short," said Mr. Gigante, "we stay in touch all over the country."

Mr. Gigante is supported by staffers Jim Phipps, Social Science Program Specialist; Evelyn Greene, Social Work Program Specialist; and Norma Burke, Staff Assistant.

Jim Shields is Chief of the Evaluation Branch, which is still in the stage of developing a staff.

"We have been dealing with a rolling stone," said Mr. Shields. "But now we see a turn-around."

Besides evaluating both personnel management and personnel administration activities, the Branch is further responsible for monitoring the internal operations of the Division of Personnel to assure that supervisors, managers and the others are acting in compliance with the provisions of the Federal Personnel System.

"We also measure to the greatest extent possible the degree of effectiveness that SRS has in attaining its personnel management goals," added Mr. Shields, who just recently joined SRS. "In administering surveys we use questionaires, interviews, workload data and other available information to identify SRS needs. The intent of these surveys is to surface situations that deter management from effectively and efficiently accomplishing program objectives."

Personnel Matters....

(We are pleased to announce that this column will be a regular feature – Editor)

Personnel is becoming a very complicated business. We have almost daily changes in regulations resulting from administrative hearings, arbitration decisions and court rulings. Most of these changes will affect you as an employee and as a supervisor.

We'll try to use this column as a vehicle to transmit the latest changes to you as quickly as possible. We're also interested in hearing what you would like us to cover. Has a particular area of personnel mystified you? Are you interested in knowing how the classification system works? How much money would you make if you got promoted?

Personnel management belongs to the first level supervisor and management for interviewing and selecting candidates for positions, granting leave, administering discipline and rating performance.

We hope to overcome supervisors' shortcomings in management responsibilities. We have already begun a 6-hour course on personnel management. This will be followed up, by those needing it, with a 40-hour in-depth course. Many short courses of 2-3 hour duration will also be available.

Address your concerns to Jim Shields, Division of Personnel, Room 2068 by the first day of each month. We will try insofar as possible to get your answer or cover the issue in the next publication. If you prefer, call me on extension 50276 with your question.

----Jim Shields

One simple way for a woman to safeguard herself against breast cancer is to practice breast self-examination each month. Your American Cancer Society has a free leaflet that tells you how.

(Continued from page 1)

several hallways between the fifth and the second floors. By the time Mr. Kendall had started down the fifth floor west stairwell the suspect was coming up with Dr. Smith in hot pursuit. The suspect slipped and fell. Mr. Kendall, a 220-pounder, piled on top of the suspect. That ended the chase.

HEW Security officers and the Metropolitan Police arrived at the office of Associate Administrator Coster to take away the suspect in handcuffs. The court case is still pending.

For recovering the wallet and check book and apprehending the suspect, Dr. Smith and Mr. Kendall each received $150 cash awards.

"Like David and Kyn, people should take action and not turn their heads while a crime is going on," said Ms. Fletcher. "Witnesses should follow through and appear in court."

For both men this was the first time to make a citizen's arrest. Both disregarded the personal risk, "until it was all over."

"I'd like to know when I'm getting my wallet back from police," quipped Ms. Fletcher. "But I am very grateful to Kyn and David. I've seen the poster and heard the warning many times---don't leave your purse behind! Watch your purse at all times."

Administrator Dwight briefs Barbara Castle, British Secretary of State for Social Services, on SRS programs and goals during her recent visit. Mrs. Castle is credited with the passage of an act providing equal pay to women in industry.

Moving Ahead

(A monthly column on information, training and opportunities for SRS women)

Mary B. Moss (center) presents FEW "Woman of the Month" awards to Mildred Standifer (left) and Georgia Robinson. Mrs. Moss is President of the Southwest chapter of FEW.

In recognition of International Women's Year, the Southwest chapter of FEW (Federally Employed Women) is awarding one of its members with a FEW "Woman of the Month" award each month during 1976.

Two SRS women won awards for January and March.

Presentations were made by Mary B. Moss, President.

Ms. Mildred Standifer, a secretary in MSA's Office of Program Monitoring, received the January award for her "perseverence throughout the years while undergoing various forms of discrimination while trying to elevate herself from the clerical field."

Five of Ms. Standifer's 33 years of work experience have been with SRS. Granted a mid-level rating by the Civil Service Commission, she is enrolled at the D.C. Saturday College, taking developmental reading. She is looking forward to receiving an AA degree in Social Welfare within the next several months.

"FEW," said Ms. Standifer, "treats all women the same. And I believe the women's movement can help other women to work together for the good of others, as well as for their own good."

The March "Woman of the Month" award went to Ms. Georgie Robinson, a Computer Aide in OIS.

"I was completely stunned," she said. "Too often membership organizations–and even employers–give little recognition to members and employees who fall into the lower segment of their hierarchy."

A five-year HEW employee, Ms. Robinson was cited for "enhancing her capability to help herself up the career ladder." She has been a member of FEW for six months, and was recently selected as Chairperson of the Fund-raising Committee. She is also a member of the SRS Women's Council. "I think the best way to improve hiring and promotion of women and other minorities is to have a leader who is concerned about and receptive to all people, regardless of their social and economic class, sex or color," said Ms. Robinson.

---Louisa Stimpert

Dr. Tytla MSA Medical Advisor

Dr. Elsie M. Tytla is the new "SRS house physician."

An M.D. with more than 17 years of private practice in pediatrics in Connecticut, she recently became Medical Advisor to MSA.

"As an experienced administrative physician and clinician, Elsie Tytla brings to MSA a rich and varied background," said MSA Commissioner Weikel. "She will be able to make a significant contribution in her new role to millions of Americans in need of quality medical assistance."

This includes long-term care of the aged, and early and periodic screening, diagnosis and treatment (ESPDT) program, which affects 13 million children. Dr. Tytla hopes to "blend the real world of health care delivery---from the practitioner's point of view--with the bureaucratic world of governmental standards, controls and administration."

Dr. Tytla sees her new role as a combination of initiator, facilitator, persuader, negotiator, interpreter and informer on medical matters through

(Continued on page 8)

(Continued from page 1)

CSA staff who put in a good deal of overtime getting the regulations ready included Michio Suzuki, Acting Deputy Commissioner; Johnnie Brooks, Supervisory Program Specialist; Helen Hamer, Supervisory Program Specialist; Carl Chafin, Director, Office of Field Support and State Management Services; Pauline Godwin, Special Assistant to the Commissioner; Edward Mitchell, Supervisory Fiscal and Policy Standards Adviser; and Howard Tucker, Acting Director, Division of Monitoring, Research and Evaluation.

Supporting them in the effort were Don Thayer and Guy Harriman of the Office of Policy Control; and Galen Powers, Sue Woolsey, Jerry Silverman, Pat Gwaltney and Jim Hinchman, Office of the Secretary.

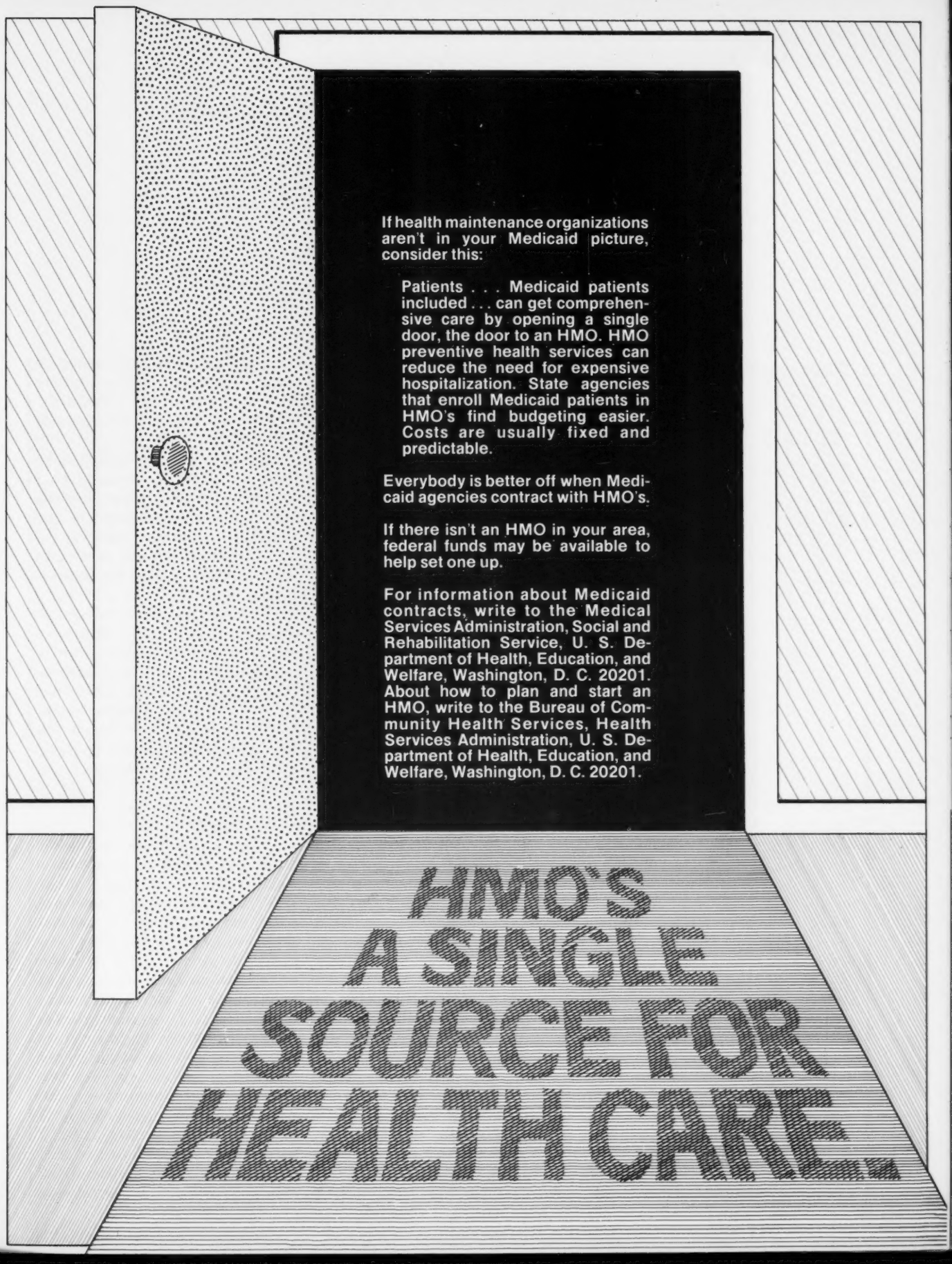
(Continued from page 7)

two-way communication between the MSA financing programs and the public and private health care providers.

What should be done about the providers problem? "We must develop a better working relationship with private professional providers so that they can assume a more constructive and responsible role in the health care of the poor," said Dr. Tytla. "Perhaps in this way," she added, "we can strive to get Medicaid eligibles into the mainstream of medical care and thereby achieve a one-class level of health care for all."

Since 1972, Dr. Tytla has been with the Public Health Service in DHEW, working in planning, evaluation and policy development as the child and maternal health specialist.

HOWARD H. PALMATIER, Director of the Cuban Refugee Program, who suffered a fatal heart attack on March 17, is shown welcoming refugees in 1972. Known for long devotion to duty, 50-year-old Mr. Palmatier was praised by Administrator Dwight as "a magnificent civil servant. The interests of the United States and its Cuban Refugee Program were uppermost in his mind."



If health maintenance organizations aren't in your Medicaid picture, consider this:

> Patients . . . Medicaid patients included . . . can get comprehensive care by opening a single door, the door to an HMO. HMO preventive health services can reduce the need for expensive hospitalization. State agencies that enroll Medicaid patients in HMO's find budgeting easier. Costs are usually fixed and predictable.

Everybody is better off when Medicaid agencies contract with HMO's.

If there isn't an HMO in your area, federal funds may be available to help set one up.

For information about Medicaid contracts, write to the Medical Services Administration, Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201. About how to plan and start an HMO, write to the Bureau of Community Health Services, Health Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.

Rehabilitation for Cultural Handicaps

A New Way Out for *Welfare* Recipients

LARRY R. DICKERSON, REED GREENWOOD, PH.D., and JOHN E. MUTHARD, PH.D.

Most of the 3.5 million adults on the AFDC rolls (November 1974) are women heads of households. Approximately 20 percent are disabled for work because of illness, incapacity, or advanced age and are possibly eligible for vocational rehabilitation services. The remaining 80 percent are handicapped by social, economic, and environmental stresses which impede their progress toward social and economic independence—they are the culturally disadvantaged. Although federal policy has for many years emphasized the cooperation of both public assistance and vocational rehabilitation agencies in returning the welfare recipient to economic independence, federal legislation prohibits the Federal-State vocational rehabilitation program from serving clients whose only handicap to employment is cultural disadvantagement.

Twenty-year-old Mary Conley is culturally disadvantaged. One of nine illegitimate children born in a remote, rural community in Arkansas, she is now a "second-generation" welfare recipient. Her mother was the only parent she ever knew, a run-down shack her only home. By 10th grade, Mary was pregnant and had dropped out of school. By age 17 she was responsible for the sole support and care of a 1-year-old son. Mary cannot stop to contemplate the future for herself or her child. She lacks the formal education and experience that could have helped her meet the demands of a complex society and, as a result, faces a life style that may fluctuate between low-paying employment and the welfare rolls. Neither situation can help her to become a productive member of the community in which she lives.

Most of the welfare recipients in Arkansas who are potential candidates for rehabilitation to economic and social independence are the culturally disadvantaged adults on the AFDC rolls. This is not endemic to Arkansas only, but also to many other States.

In 1968 the Arkansas Rehabilitation Services and Social Service agencies jointly began a research and demonstration project to determine the effectiveness of the VR service delivery system in responding to the habilitation needs of the socially and economically disadvantaged on public assistance. The 4-year project was funded by SRS.

Hot Springs Rehab Center

The center is staffed by nearly 300 people and consists of 47 buildings. Approximately 450 clients attend HSRC daily for the following services: social, medical, vocational, and psychological evaluation; physical, occupational, and speech therapy; audiological services; prosthetic and orthotic clinics; supervised nursing care, and medical and psychiatric consultation; vocational training in 24 areas, ranging from custodial and laundry work to radio communications, drafting, and accounting, as well as on-the-job training in various service occupations; individual and group counseling; special and remedial education; supervised dormitory living; and organized and

supervised recreation and religious activities.

The early goal was to demonstrate a new approach to rehabilitate the hardcore welfare recipient. The project's guiding assumption was that several social problems—limited or nonexistent employment opportunities, lack of job skills, and lack of education or social opportunity to develop job skills—lie at the core of the welfare dilemma and that the welfare recipient is caught in an economic double bind: the virtues of hard work are extolled, but, ironically, income from such work is minimal unless the person is skilled.

AFDC recipients, potential AFDC recipients, and high school dropouts or unemployed high school graduates from AFDC families in 15 rural Arkansas counties were referred to the project. A total of 293 clients received services during 4 years. The typical client was a black, unwed mother between the ages of 16 and 22 with three preschool children, a 9th grade education, 5th to 6th grade educational achievement level, low-normal intelligence, and previous work experience. Children of project clients who were 16 years of age and over and out of school were also served.

The only criterion for admission was "hardcore unemployed with reasonable chance of employment following project services." Hardcore status was characterized by the following: no long term goals, limited or no success expectancy in middle class terms, distrust of the middle class and its socioeconomic system, inappropriate work attitudes, low-level

or erratic economic stability, unstable family structure and allegiance, passive-dependent behavior, in relation to middle class standards and institutions, low academic achievement, second or third generation welfare recipiency, and little or no knowledge of work possibilities.

Treatment program followed the center's traditional service pattern. Work evaluation, work adjustment, prevocational training, vocational training, and placement services were used to combat the lack of employment opportunities, job skills, and opportunity to obtain those skills. Clients were housed in the center's residential facilities or in private housing.

The project was staffed by two vocational rehabilitation counselors, a caseworker, an indigenous casework aide, and a placement specialist. The casework aide's function varied, depending on project needs; she was the project's primary link between the client population and project staff. Considerable orientation and training were provided both project staff and referral staff at the outset and throughout the project.

Innovative approaches removed the barriers typically experienced by welfare recipients: the use of caseworkers to find immediate, inexpensive housing close to the center; a child care center at the center for children aged 3 to 6; caseworker assistance in finding babysitters for children under 3 years; and a summer enrichment program for school-age children.

The day care center offered a program with seven principal components: active play, structured learning, health, nutrition, social development, parental involvement, and social services.

The summer enrichment program ensured that responsibility for school-age children did not interrupt their parents' training during the summer months.

AFDC checks were supplemented by payments from a special federal grant designed to defray extra expenses such as child care for children under 3 and transportation costs while in training. A clothing allowance of $50 was provided at the beginning and completion of the program. Clients who moved to Hot Springs from any of the 15 project counties were reimbursed up to $100 for moving expenses; clients who completed the program and relocated to obtain employment were similarly reimbursed.

The HSRC project treatment and measurement program was revised in July 1971, after a preliminary data analysis showed that skill training alone was not sufficient to move a welfare client to independence. Staff then decided to focus on the problems of a specific group, AFDC women from rural communities who were heads of households.

It was assumed that the client is set apart from others by his marginal status in society, and the following three factors were hypothesized to account for movement into marginal status: a series of societal obstructions which negatively affect social mobility, lack of the attitudinal system supporting the concept of independent functioning, and the pattern of role behavior which exists in the person's social subsystem. The major employment barrier hypothesized to exist for the rural, black, AFDC mother was that her community ascribed to her role behaviors directed toward family integration and stability rather than toward economic functioning.

Therefore, revised programing incorporated didactic training to encourage the client's dual role functioning as a homemaker and a worker in a productive social status and to assist clients in developing skills for handling personal and environmental problems.

Didactic training emphasized knowledge acquisition and attitudinal change. *Training Materials for Rural Public Assistance Recipients: An Instructional Manual,* developed by project staff, outlines the training units: community resources, personal care and grooming, child care and family planning, budgeting and home management, and vocational preparation. The instruction requires approximately 30 hours to complete and, for this program, was used for a 5-week course, meeting 5 days a week for 90 minutes each day. It includes rating scales for progress evaluation. Didactic training began during the third week following orientation and vocational evaluation.

Following this training, group counseling emphasized interpersonal and familial interaction. Groups met for 10 weeks simultaneously with prevocational and vocational training activities. Participation was voluntary after the initial 10-week period. As clients neared completion of vocational training, services focused

on finding suitable placements.

The revised measurement program, designed and conducted by the Arkansas Rehabilitation Research and Training Center at the University of Arkansas, added instruments measuring freedom of movement and aptitude to the tests of personality, motivation, and response to authority that were used in the original methodology.

This psychological test battery, administered before and after project participation, included the Otis Employment Test, the Revised Beta Examination, the Wide Range Achievement Test, the Sixteen Personality Factor Questionnaire, the Motivation Analysis Test, the Tennessee Self-Concept Scale, the Work Attitude Scale (developed under an SRS project conducted in San Antonio), the Internal-External Control Scale, the Freedom of Movement Scale, and the Response to Power Measure.

A structured interview was developed to survey a wide range of demographic, personal, social, vocational, familial, and economic factors. Six control groups were sampled for group comparisons: the 200 welfare clients enrolled in the project prior to initiation of the revised methodology; a random sample of 50 nonproject center clients; a matched sample of 50 working mothers who had problems similar to those of project clients but were not welfare recipients; a matched sample of 50 welfare mothers participating in the Work Incentive Program in their home communities; a matched sample of 50 welfare mothers not currently engaged in a rehabilitation program; and all children of project clients who were 16 years of age and over and out of school.

A 6- to 18-month followup of all project clients was initiated during the last year of the project. Successful adjustment to the independence offered by self-employment is the ultimate criterion of program success.

Significant Findings

General Findings: The rural, culturally disadvantaged AFDC welfare recipient (usually female and black) can be successfully rehabilitated through a helping services system based on a rehabilitation model such as that offered at the Hot Springs Rehabilitation Center.

Negative attitudes of rehabilitation personnel toward welfare recipients can prohibit a client from gaining full benefit from the rehabilitation process.

Highly committed and well-informed administrators are crucial to the success of joint public assistance-vocational-rehabilitation programs. Administrative attitude sets the tone for attitudes of project workers. Coordination between vocational rehabilitation and public welfare agencies is necessary to ensure an appropriate reward system—continuation of assistance payments—for welfare recipients participating in a rehabilitation program.

Client Motivation: Clients who dropped out of the center, both welfare and nonwelfare, were more highly motivated and less dependent and passive than those who successfully completed the program. (Studies of federal manpower training programs have shown that program dropouts generally exhibit more independence than program completers.)

The relationship of rehabilitation outcome to self-concept and personality factors is complex and difficult to determine due to the interaction of these variables with demographic, family, and environmental factors.

Self-esteem scores and general personality profiles obtained for project clients indicate generally low feelings of self-worth and self-effectiveness.

Project Outcomes: Over 50 percent of project clients completed the rehabilitation program.

A followup of 83 (46 percent) of the 181 clients who received traditional center services found 41 percent employed. The employment rate was 56 percent for the 48 clients who had completed the program, and 20 percent for the 35 program dropouts.

Approximately 70 percent of those employed at followup were employed full time.

The reasons given most frequently for unemployment were difficulties in locating jobs. This reflects the client's lack of appropriate job-seeking skills. Almost 50 percent of unemployed clients never had a job interview.

All 83 clients were receiving AFDC at referral. At followup, 25 (30 percent) had been removed from the welfare rolls.

Black clients were more successful than whites in completing the rehabilitation program and securing employment. Although some project dropouts found employment, project completers found better, more secure employment in greater proportions.

Marital status, sex, and the presence of young children did not affect rehabilitation success in any consistent pattern.

The community to which the client relocates affects his employment possibilities. A willingness to relocate may be critical to successful rehabilitation outcome.

HSRC services were not as successful with disadvantaged youth as with adults.

Employed program dropouts appear to be the most self-sufficient economically, psychologically, and socially. At followup most were not receiving welfare, had improved their housing conditions, and were employed full time. In contrast, unemployed program completers tended to remain on welfare and continue in poor housing conditions. Program dropouts tended to be slightly more satisfied with their jobs as a group than completers.

A 2-month followup of 53 of the 72 clients who entered the revised program found 51 percent employed. The employment rate was 79 percent for program completers and 20 percent for program dropouts. If these figures hold over time, they suggest that the revised service program was an improvement over the traditional center service program. Followup information based on the Rehabilitation Services Administration basic report form R-300 has become available on 206 project clients whose cases with the State vocational rehabilitation agency had been closed (87 cases of project clients remain open). Of these 206 clients, 70 percent (144) were employed at followup. The monthly

reduction in public assistance payments was $7,099.

The rehabilitation services offered at a comprehensive rehabilitation center are *most* successful in serving the short term, first generation recipient. However, a significant proportion, approximately 20 percent, of the long term recipients retain the motivation necessary to overcome dependency and find employment.

Implications for Action

Rehabilitation Programing: Traditional center treatment, good casework services, and child care are sufficient to help the young welfare mother who is passive, dependent, and fairly well educated.

Implementation of rehabilitation programs will effectively reduce the number of persons requiring public assistance. Public assistance clients should be referred and selected at the time they submit their applications for assistance in order to maximize the effects of a rehabilitation program.

Project findings suggest that the female welfare client, who has often been most difficult to place, does in fact remain successfully employed. Selection criteria for screening these clients for rehabilitation programs should not include marital status, since this was found to have no relation to rehabilitation outcome.

Design of innovative rehabilitation programs is needed for disadvantaged youth and training program dropouts, since neither has been well served by any programs devised to date.

Since the attitudes and expectations of professionals serving the culturally disadvantaged greatly affect rehabilitation outcome, administrators and service workers involved in such programs must be constantly aware that their own prejudices may be contributing to client failure.

Placement services and training in job-seeking skills are essential to aid disadvantaged clients in securing employment upon completion of a rehabilitation program. Use of a placement specialist is recommended.

Training programs must consider the range of employment opportunities and the geographic area where the client will be seeking employment.

The development of community child care facilities would facilitate the employment of a significantly larger segment of the unemployed welfare population.

The assessment of rehabilitation programs should include other outcome measures in addition to employment and public assistance status. For example, for this client population, marriage appears to be a positive gain. In addition, measurement of self-esteem gain as well as other indices of improved psychological, social, and economic gain should be included in the assessment of rehabilitation effectiveness.

For specialized staffing patterns, such as that used in HSRC project, additional staff training is necessary for full development of roles within the project team.

Client Motivation: The general achievement level of project clients indicates a need for remedial educational programing.

The Tennessee Self-Concept Scale appears to be a useful instrument in assessing the self-concept of welfare recipients and could be used effectively in a counseling setting to enhance positive characteristics of self-esteem.

Discussion and Limitations

One problem encountered was the tendency of project social service and rehabilitation professional staff to deal with welfare recipients as a stereotyped group rather than as individuals. Administrators attempting to implement a program of service to the nondisabled, culturally disadvantaged are cautioned to recruit staff who are well trained and able to accept this clientele as worthy of assistance. Further, the commitment by the agencies and their personnel to the coordinated effort at the administrative level is essential to attain successful

program operation.

The evaluation component had several major weaknesses. Little evaluation was conducted during the first 3 years, and followup procedures for clients served during that period were carried out in 2 months' time to meet the deadline for the final report. Further, no data was collected on which to base a cost-benefit analysis. Although figures on expenditures on project clients by the State vocational rehabilitation and public welfare agencies are available, they do not include the cost of many of the additional services and personnel at the center.

Although there was adequate sampling within the 15 Arkansas counties, the general applicability of project results is limited primarily to Arkansas and to clients treated at the Hot Springs Rehabilitation Center. Further, each rehabilitation center has unique characteristics which make its particular results unreliable for straightforward application to other facilities. Nonetheless, the service pattern designed and tested at HSRC is valuable in meeting the rehabilitation needs of a specialized population—*i.e.*, the nondisabled, culturally disadvantaged, rural, black, AFDC mother—by removing many of the barriers confronting this population. Project services enriched the economic, cultural, and interpersonal backgrounds of all project clients and led to more stable employment for a significant number.

Impact

The center continues to serve public assistance recipients through State funding rather than a special project grant. The program of services is similar to that developed during the project. In addition, segments of the special project, including the didactic training program, are now being utilized by HSRC in service to disadvantaged, nonwelfare clients at the center. Special studies are being conducted which continue work on problem areas identified during the project. These include research to determine whether a screening instrument can be developed to allow prediction of rehabilitation outcome and the design and use of new techniques to deal with negative staff attitudes toward the nondisabled, culturally disadvantaged.

The HSRC project had significant impact on the development of a close and highly coordinated working relationship between Arkansas State rehabilitation and public welfare agency personnel, and a State liaison has been designated to ensure continuation of coordinated effort. In fact, the design chosen for the Arkansas State Expanded PA/VR project includes the staffing pattern developed at Hot Springs.

Both publications and formal presentations have been used to disseminate information concerning the project to rehabilitation and social services practitioners throughout the country. The final report was revised and published as a monograph; and the Didactic Training Program Guide was published by the Arkansas Rehabilitation Research and Training Center.

Presentations were made at various State, regional, and national meetings, including an annual meeting with staff of Hot Springs' three sister Model Cities projects. Further, the HSRC experience, along with the work of four other rehabilitation centers serving welfare recipients, is summarized in a report used for development and operation of the Perth Amboy Diagnostic and Employability Center sponsored by Rutgers University.

Research using project data has been conducted in several university settings. A University of Arkansas doctoral dissertation deals with the demographic and motivational analyses of the HSRC dropout; a Texas Technical University Master's thesis deals with motivational differences between welfare and nonwelfare rehabilitation clients.

Project staff at Hot Springs are proudest of their impact on clients. The majority are developing stable work patterns with the potential of increased income and less dependence on other people. For example, in Mary Conley's case, a rehabilitation program with the HSRC philosophy could give her the tools she needs to reverse the trend of her life. If she can assert herself into satisfying and stable job situation, her son may never face the possibility of becoming a third generation welfare recipient.

Mr. Dickerson is Director, Regional Continuing Education Program, Arkansas Research and Training Center, Hot Springs; Dr. Greenwood is Director of Research, Research and Training Center, Fayetteville, Arkansas; and Dr. Muthard is Head, Rehabilitation Research Institute, College of Health Related Professions, University of Florida.

"Where Does My Money Go?"

Find out how to get your money together in your own budget. Find out how to keep track of where your money comes from and where it goes.
Check it out with your local social services agency.
(A "supportive service" under WIN)

Publications and Films

The Editors of the SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and films with brief descriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.

Uses and Abuses of Social Research in Social Work. Tony Tripodi. Columbia University Press, 562 West 113th St., New York, N.Y. 10025. 222 pages. $10.00 hardcover, $4.00 paperback.

In his book, Tony Tripodi brings together knowledge and ideas from his experiences as teacher, researcher, and social worker in a concise and comprehensive analysis of the main questions involved in making social research results available to social work practice.

He has presented in a single volume, a basic description of the process of social research, outlined the criteria for evaluating knowledge from research, and presented a thorough consideration of factors relating to the use and abuse of social research methods and results.

In his chapter, "Abusing Social Research," he offers a series of hypothetical research projects and discusses some of the pitfalls which the researcher might encounter, such as violations of agreements, research as posture, ethical abuses, omissions of information, and statistical abuses.

Understanding Disability for Social and Rehabilitation Services. John G. Cull and Richard E. Hardy, editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 205 pages. $11.75.

According to the editors, to understand social and rehabilitation agencies, one should first understand the roles of the professional practitioners in these agencies and some of the various perimeters of disabilities and disabling conditions. This is the basic intent of the book.

The first part of the book presents a practical description of various roles in the Social Security Administration of the U.S. Department of Health, Education, and Welfare. There is a description of the Disability Determination Specialist in the Social Security Program followed by a description of the role of the physician in this program. To demonstrate how one agency works with another, there is a section on the relationship between the Social Security Program and the State vocational rehabilitation programs. This is followed by a discussion of the role of the rehabilitation counselor.

The second part of the book deals with the consumer of the services and the techniques of providing him social and rehabilitation services.

Mental Retardation and Physical Disability. Richard E. Hardy, Ed.D., and John G. Cull, Ph.D., editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 250 pages. $9.75.

This book of readings offers selected materials from throughout the literature on mental retardation and physical disability which demonstrate various approaches to understanding numerous problem areas.

The material presented here is broad based, and although it deals specifically with blindness, cystic fibrosis, diabetes, or mental retardation, there is considerable carryover in terms of useful information for counseling purposes in the broad range of retardation and disability.

Law Enforcement and Correctional Rehabilitation. John G. Cull and Richard E. Hardy, editors. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, Ill. 62703. 266 pages. $12.95.

Developed as a handbook for law enforcement and correctional officers and students, this collection of 22 papers examines specific areas of police concern —the individuals, communities, and institutions with whom they are involved. The readings deal with four general topics: police work and community relations, alienation and punishment, juvenile delinquency, and the penal setting.

Women. Helen S. Astin, Nancy Suniewick, and Susan Dweck, editors. Behavioral Publications, Inc., 72 Fifth Avenue, New York, N.Y. 10011. 243 pages.

This research was made to develop a data base on women's education and career development.

This book identifies seven main categories, with an eighth category covering miscellaneous information. The seven main areas are: determinants of career choice, marital and familial status of working women, women in the world of work, developmental studies, history and economics of women at work, commentaries and policy papers, and continuing education of women.

Two introductory chapters precede the abstracts themselves. The first is an overview of the findings by Dr. Astin. The second, beyond the findings: some interpretations and implications for the future, contains reflections by Nancy Suniewick based on her close examination of all the works abstracted in this document.

This should be a useful resource to researchers, educators, and policy makers concerned with the education and career development of women.

Adjustment to Work. John G. Cull, Ph.D., and Richard E. Hardy, Ed.D., editors. Charles C Thomas, 301-327 East Lawrence Ave., Springfield, Ill. 62703. 344 pages.

Prepared for use by social service and rehabilitation workers in reference to evaluation and counseling situations, this collection of articles explores work adjustment in terms of the training, relationships, skills, and conditions necessary for successful employment.

The overview covers theories of work adjustment, the meaning of work, leisure adjustment, vocational evaluation and work adjustment, psychological evaluation, and group work approaches. Also included are the special work adjustment considerations of persons who are mentally ill, disadvantaged, or mentally retarded.

To Combat Child Abuse and Neglect. Theodore Irwin. Public Affairs Committee, 381 Park Ave. S., New York, N.Y. 10016. 28 pages. 35 cents.

An examination of the growing violence directed towards children in American society is the purpose of this Public Affairs pamphlet. The manifestations and causes of child abuse and neglect are considered with an eye towards new approaches and solutions to the problem. Because child abuse is both the result of societal pressures and parental misguidance, rage, or ignorance, programs are emphasizing a coordinated community rehabilitation of the parents.

The monograph defines the cycle of child abuse and its causes; it further considers past failures and present innovations in programs throughout the country; and, it looks to preventive movements organized for the protection and guidance of the children and their parents.

An Instructional Program for Employability Orientation. William C. Osborn, Donald F. Haggard, G. Gary Boycan, Ronald W. Spangenberg, John D. Engel, Willard H. Pratt. Human Resources Research Organization, 300 North Washington St., Alexandria, Va. 22314

Although this manual was developed under a Manpower Administration contract specifically to fill Work Incentive (WIN) orientation training, it has applicability for other agencies in work with trainees who are similar to the WIN trainee population.

Part one provides the program manager with the kinds of materials he will need to develop a master program and one that is tailored to fit specific needs of different trainee groups.

Part two presents the classroom instructor with materials to develop lesson plans.

In part two, such topics as child care, family relations, vocational goals, grooming and hygiene, job assessment, and company and union policies are presented. Each subject, termed a "module," is broken down into instructional units, a test series for the module, and a list of references and sources of additional information on the subject in question.

Cooking Activities for the Retarded. Ellen House Kahan. Abingdon Press, 201 Eighth Avenue South, Nashville, Tenn. 37202. 48 pages. $2.50.

This book should provide the opportunity and encouragement for anyone with nonreading skills to function more independently in the kitchen with a minimum of supervision from parent or teacher.

This cookbook was developed by Mrs. Kahan for use with her public school advanced classes of trainable retarded at the George Mason Center, Arlington, Virginia. Realizing the importance of proper preparation and training, the author has devoted the first portion of her book to helpful suggestions for parents and teachers.

Because of the evident problems for those who cannot read and follow conventional recipes, Mrs. Kahan eliminated the written instructions by devising pictorial symbols for utensils, ingredients, units of measure, and so fourth, and by using arrows to point the way to the next step.

Instructional Aids for Adaptive Physical Education. Alameda County School Department, 224 West Winton Avenue, Hayward, Calif. 94544. 23 pages.

The ideas in this booklet are merely suggestions of what can be done to make remedial physical education beneficial to certain students.

Included are drawings with brief explanations of items that have been developed, and/or existing equipment that has been adjusted, to meet particular needs.

Films

A Dream to Grow On. 16mm. Sound. Color. 28 min. Bone Film Service, 3132 M Street, N.W., Washington, D.C.

By showing retarded children in action, the film provides a better understanding of the potential growth of mentally retarded children. It emphasizes that when these children receive training, help, and understanding, and when they have opportunities to compete with other youngsters at the same level of ability, they can derive the same benefits from play and participation in sports as their nonretarded peers.

Best Friends. Color. 6 min. Animated. National Film Board of Canada, Perennial Education, Inc., Northfield, Ill. This film is available from the Film Library, P.O. Box 337, Johnstown, N.Y. 12095.

This humorous film is designed to make young people and adults, as well, think twice before beginning to smoke and to cause veteran smokers to seriously consider quitting.

We Don't Want To Lose You. Color. 18 min. Ounce of Prevention, 15900 West Ten Mile Road, Southfield, Mich. 48075. Sale, $288.

In *We Don't Want To Lose You,* an industrial foreman tries to avoid discharging an alcoholic employee. The purpose of this film is to demonstrate interviewing techniques which can be used to manage such employees.

This film is being used in industrial firms, but its principles could be easily adapted to clerical and medical settings.

An Introduction to Social Welfare and Social Work. 66 overhead transparencies with teaching guides. Project Arts, Inc., 20300 Ledgestone Dr., Southfield, Mich. 48076. Sale, $299.95 set.

This suggested guide in relation to the social work field was written and designed by Bernard Gelfand, a training advisor with the Department of Social and Family Services, Ontario, Canada. The set is broken down into five sections: "An Introduction to Social Welfare" (6 transparencies with guide, $29.95), "History of Social Welfare" (17 transparencies with guide, $84.95), "Social Work Processes" (10 transparencies with guide, $49.95), "Fields of Social Service" (28 transparencies with guide, $139.95), and "The Profession of Social Work" (5 transparencies with guide, $24.95).

The Structured Family Interview. Videotape. Black and White. 60 min. The rental fee is $5 for 1/2 inch EIAJ Panasonic or Sony, 3/4 inch Sony or Wallensak cassette, or 1/2 inch Ampex. Other formats are available upon request at cost for purchase or rental. Rental requests should be addressed to Douglas Mehlhaff, Television Services, Wayne State University, 5035 Woodward Ave., Detroit, Mich. 48202.

The procedures, goals, and followup of an interview at a child guidance clinic with a white middle class family are presented in this videotape. The problems of the 13-year-old son are examined here in terms of family expectations, emotional expressions, and overall interaction.

Inner City Dweller: Work. 16mm. Color. 19 min. Indiana University, Audio-Visual Center, Bloomington, Ind. 47401. Sale, $260. Rental, $9.

A young man's dream of becoming a photographer is shattered with the realization that he must obtain more mundane job skills in order to provide support for his wife and family.

Rehabilitation: A Patient's Perspective. 16mm. Color. 26 min. Available for purchase fee of $200 from Togg Films, Inc., 630 Ninth Ave., New York, N.Y. 10036; also available for rental fee of $14 from *The American Journal of Nursing,* Film Library, c/o Association Sterling Films, 600 Grand Ave., Ridgefield, N.J. 07657.

The process of rehabilitation involves the disabled patient in great emotional, psychological, and physical adjustment. In addition to these aspects, the film examines patient motivation, staff-patient interaction, and the various test, therapy, and counseling situations which a patient must face in hospital.

The Administrative File

The following are the administrative issuances for the months of December 1974 and January 1975. (Abbreviations key: **PR**-Program Regulations; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administration; **CSA**-Community Services Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.)

For NCSS reports, send to room 2620; AO reports, room G-115B; RSA reports, room 3126; APA reports, room 1232E; MSA reports, room 4094; and CSA reports, room 2010.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201.

APA-PI-75-11: Application of 45 CFR 233.20(a)(12)—Recoup of Overpayments (12/2/74)

APA-PI-75-12: Consideration of Income and Resources in Joint AFDC-SSI Households (12/10/74)

APA-PI-75-13/CSA-PI-75-2: AFDC Foster Care and Day Care Services for Indian Children Under Title IV—A and B of the Social Security Act (12/30/74)

AO-IM-75-18: Work Incentive Program Social and Supportive Services (12/2/74)

AO-PR-70-1(C-5): Rehabilitation Act of 1973 (12/5/74)

AO-IM-75-19: Family Planning (12/19/74)

AO-PR-40-4(C-8): Reserved Bed in Long-Term Care Facilities (12/17/74)

AO-PR-30-4(C-5): Postponements of Social Services Regulations (12/31/74)

AO-IM-75-26: Annual Limits of Entitlement WIN (12/31/74)

MSA-IM-75-7: Alternative Methods for Reimbursement of Reasonable Costs of Inpatient Hospital Services (12/13/74)

MSA-PIM-75-6: Individuals in Long-Term Care: Payment of Medicare Premium for Part B Coverage (12/2/74)

MSA-PI-75-9: Preprinted State Plan for Title XIX—Amendment to implement final regulations providing a State option on payments for resuming beds in long-term care facilities. A revised page 20 is attached reflecting the changed program regulation citation. No change in text is necessary, but States electing to make such payments should review their procedures to assure that the conditions of the final regulations are met. (12/19/74)

MSA-PI-75-10: Preprinted State Plan—Amendments relating to utilization control. The amendments include implementation of Sections 207 (in part), 237(a), and 239(b) (in part) of P.L. 92-603. (12/23/74)

MSA-PI-75-11: Child Abuse and Neglect (12/24/74)

MSA-FSI-75-20: Reimbursement and Other Policy for End-State Renal Disease (12/12/74)

MSA-FSI-75-21: State Review of Regional Office Narrative Report—EPSDT (12/19/74)

MSA-FSI-75-22: Treatment in Mental Hospitals for individuals under 21 (Sec. 299B of P.L. 92-603) — Maintenance of Effort (12/19/74)

RSA-IM-75-32: Number of Rehabilitations: July 1 to September 30, Fiscal Years 1974 and 1975 (12/4/74)

RSA-IM-75-33: Operation of the Wagner O'Day Act (12/20/74)

AO-IM-75-23: Cuban Refugee Program - Notice of Change on Program Delegation (1/22/75)

AO-IM-75-24: Addition to Compilation of Regulations (1/28/75)

AO-IM-75-25: Child Support Provision of P.L. 93-647 (1/29/75)

APA-PI-75-14: Policies and Procedures for Repatriate Program (1/17/75)

APA-PI-75-15: Request to Social Security Administration and the Internal Revenue Service for Information about Absent Parents (AFDC) (1/24/75)

CSA-PI-75-3: Request for Information Regarding Incidents of Child Abuse and Neglect (1/4/74)

CSA-PI-75-4: Revision to **CSA-PI-75-3** (1/29/75)

MSA-IM-75-8: Seventh Annual Conference of State Medicaid Program Directors (1/23/75)

MSA-IM-75-9: Treatment in Mental Hospitals for Individuals under 21 (Section 299B of P.L. 92-603) — Maintenance of Effort (1/27/75)

MSA-PIM-75-7: Medicaid Eligibility for Individuals Living in Non-Profit Facilities (Public Law 93-484) (1/7/75)

MSA-PRG-75-34: Questions and Answers on Facilities Serving the Mentally Retarded (1/13/75)

MSA-FSI-75-23: Updating Chart "Medicated Services State-by-State" (1/2/75)

MSA-FSI-75-24: Memorandum of Agreement Re: Provision of Medical Services to Indians and Other Native Americans (1/8/75)

MSA-FSI-75-25: Information on Reimbursement to Home Health Agencies (1/10/75)

MSA-FSI-75-26: Review of Financial Review Guides (1/13/75)

MSA-FSI-75-27: Seventh Annual Conference of State Medicaid Directors (1/23/75)

NCSS-PI-75-9: Partial Deletions of Data from WIN Monthly Activity Summary Form, SRS-NCSS-117 (1/16/75)

NCSS-PI-75-10: Annual Statistical Report on Children Aged 5-17 in Foster Family Homes, and AFDC Recipients, Aged 5-17 Needed to Implement the Elementary and Secondary Act, Form SRS-NCSS-125, OMB No. 83R-0252 (1/13/75)

NCSS-PI-75-11: Family Planning Provisions—Title IV-A, Section 402(a)(15) and 403(f) of the Social Security Act (1/17/75)

RSA-IM-75-34: Number of Rehabilitations: July 1 to October 31, Fiscal Years 1974 and 1975 (1/10/75)

RSA-IM-75-35: Guidelines for General Rehabilitation Counselors Serving the Deaf (1/22/75)

RSA-IM-75-36: Promulgation of State Allotment Percentages (1/22/75)

RSA-IM-75-37: Number of Rehabilitations: July 1 to November 30, Fiscal Years 1974 and 1975 (1/24/75)

RSA-IM-75-38: Distribution of a Text on Epilepsy Rehabilitation (1/30/75)

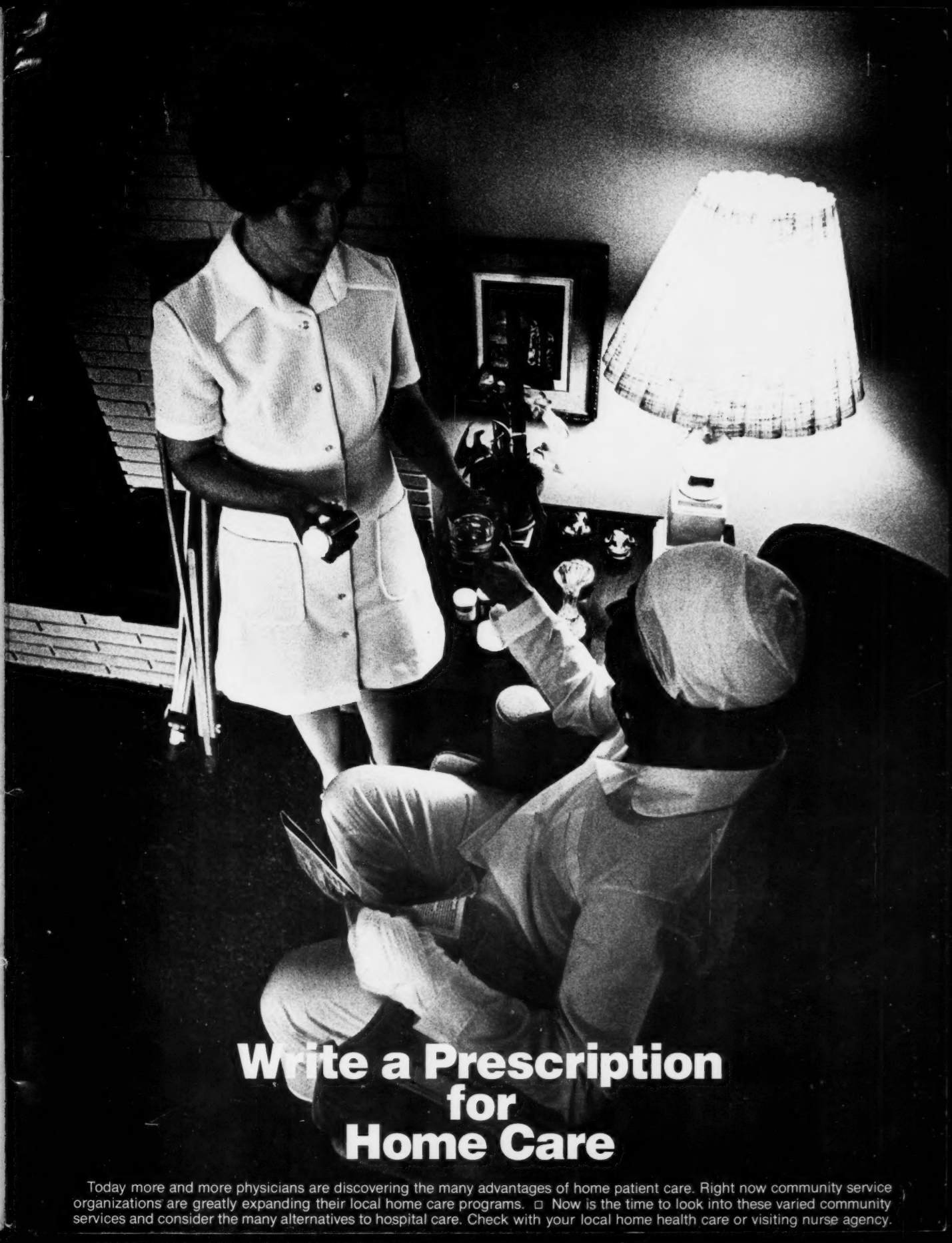
RSA-IM-75-39: Efforts to Expand Psychiatric Rehabilitation Programs Serving Severely Handicapped Mentally Ill Individuals (1/30/75)

RSA-PI-75-17: Reallotment of funds under Section 110 of The Rehabilitation Act of 1973 and Adjustments to State Allowances for The Supplemental Security and Beneficiary Rehabilitation Programs (1/2/75)

RSA-PI-75-18: Vocational Rehabilitation Support of Maintenance to SSI Recipients (1/23/75)

RSA-PI-75-19: State Plan for Vocational Rehabilitation Services Under Title I of the Rehabilitation Act of 1973 as Amended by the Rehabilitation Act Amendments of 1974, covering Fiscal Year 1975.

RSA-PI-75-20: Instructions for the Verification of Entitlement Process (Beneficiary Rehabilitation Program - Trust Funds) (1/30/75)



Write a Prescription for Home Care

Today more and more physicians are discovering the many advantages of home patient care. Right now community service organizations are greatly expanding their local home care programs. □ Now is the time to look into these varied community services and consider the many alternatives to hospital care. Check with your local home health care or visiting nurse agency.

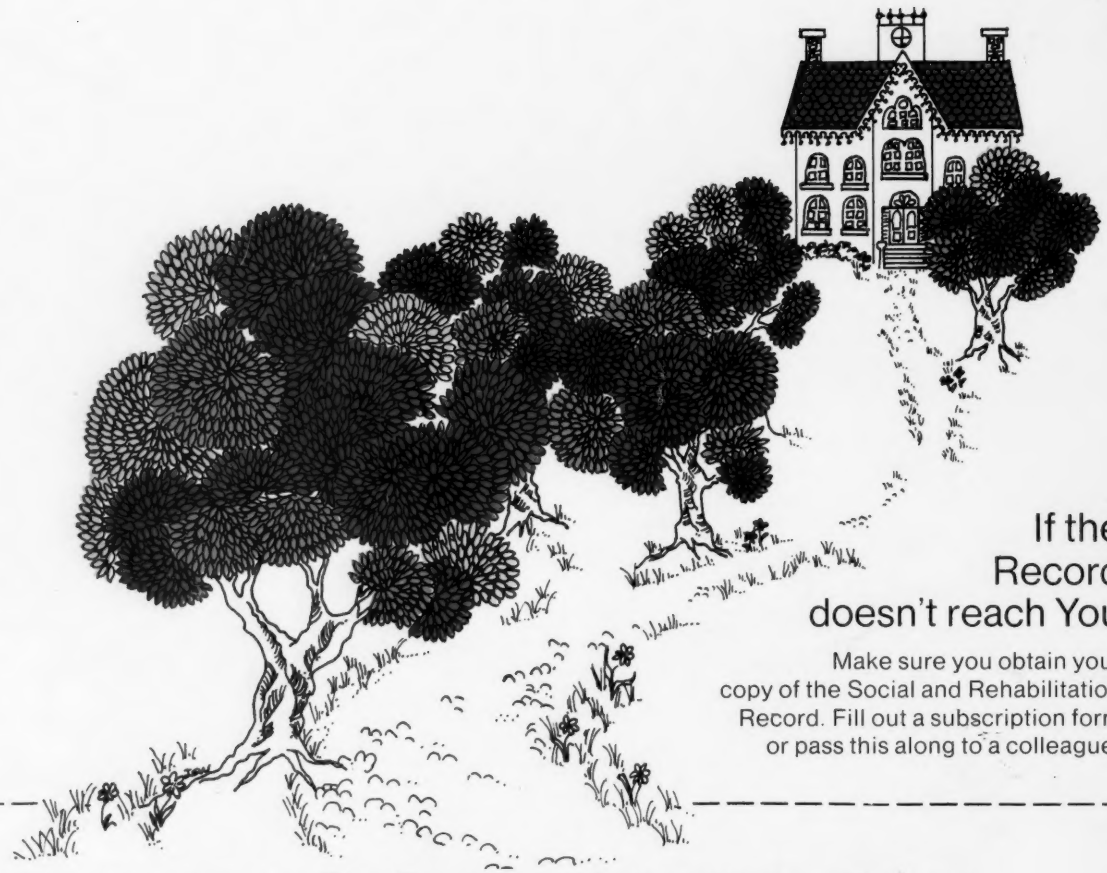
DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Washington, D.C. 20201

Official Business

Postage and Fees Paid
U.S. DEPARTMENT OF H.E.W.
HEW-392

FIRST CLASS

U.S.MAIL



If the Record doesn't reach You

Make sure you obtain your copy of the Social and Rehabilitation Record. Fill out a subscription form or pass this along to a colleague.

Subscription form for The Social and Rehabilitation Record

Subscription Rate:
$6.40 a year
($8.00 foreign)
Single copy .85¢

NAME – FIRST, LAST

ORGANIZATION

ADDRESS

CITY | STATE | ZIP CODE | REG.

Send check, payable to SUPERINTENDENT OF DOCUMENTS
to the U.S. Government Printing Office, Washington, D.C. 20402

Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 2/Number 3/April 1975

Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 2/Number 3/ April 1975
Social and Rehabilitation Service
UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Volume 2/Number 3/ April 1975